

J&S Medical Notification Form
(Fax completed forms to (405) 425-2911)

☐ Prescription ☐ Outside Medical Care ☐ Emergency Care ☐ Hospital Admission

The information reported below is to inform the Oklahoma Department of Corrections of any medical care and interventions provided to offenders by health care providers in the community. This information is confidential and will be used only for the health and safety of the offender and to ensure timely payment to health care provider.

To be completed by Jail Administrator: (please print)

County: _____ Address: _____

County Sheriff: _____ Phone Number: _____ Fax Number: _____

Offender Name: _____ Certified J&S Date: _____

Date of Birth: _____ Social Security Number: _____

Diamond County Code: _____

Are there any pending cases or holds from another jurisdiction? _____

To be completed by Health Care Provider:

Printed Name of Provider/Hospital: _____ FEI: _____

Address: _____ Phone: _____

Date of Service: _____ Patient/Offender Name: _____

List Medication (s) prescribed:

Date of Next Appointment: _____ Time of Next Appointment: _____

Note to Provider:

If a routine prescription is received by ODOC medical prior to 2:00 p.m. a 90 day supply will be sent to jail administrator the next business day.

If an urgent prescription is required, the jail administrator will take the prescription to a local approved pharmacy for 7 to 14 day maximum supply.

Provider Payment Information: Submit CMS 1500 Health Insurance Claim Form to the Oklahoma Department of Corrections at P.O. Box 16532 Lubbock, TX 79490-6532

Signature of Medical Provider: _____ Date: _____

Comments: _____

This completed form should be faxed to (405) 425-2911